

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

Calendar Year: Entity Name:								
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Robert Reeder	Y	Grant County Public Hospital Dist #3	130,695			9,150	20,741	160,587
2 Heidi Cline		Grant County Public Hospital Dist #3	85,554			5,559	7,186	98,298
3 Diane Clark		Grant County Public Hospital Dist #3	80,256			6,770	7,186	94,212
4 Becky Trepanier		Grant County Public Hospital Dist #3	78,731			3,813	7,186	89,729
5 Gail Michael		Grant County Public Hospital Dist #3	72,606			6,756	7,186	86,548
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov